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IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

TO: Examiner L. Andújar
Art Unit 2826
United States Patent and Trademark Office

DATE: 9/23/2002

FROM: Michael L. Crapenhof

TIME: 6:04 PM

TOTAL NO. OF PAGES, INCLUDING COVER: 24

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MESSAGE:

Amendment and Petition for Extension of Time attached.

United States Patent Application Serial No. 09/456,873.

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TECHNOLOGY CENTER 2800

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TELECOPY/FAX NUMBER: 1-703-308-7722
CLIENT NUMBER: 81788.0026
ATTORNEY BILLING NUMBER: 3118
CONFIRMATION NUMBER: 1-213-337-6701

FORM PTO-1083

81788.0026

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

MORI, Seichi

Serial No: 09/456,873

Filed: December 8, 1999

For: NON-VOLATILE SEMICONDUCTOR MEMORY
DEVICE

Art Unit: 2826

Examiner: ANDÚJAR, L.

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Art Unit 2826, at (703) 308-7722, on

September 23, 2002

Date of Transmission

Michael L. Crapenhof, Reg. No. 37,115

Name

Michael L. Crapenhof

September 23, 2002

Signature

Date

Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
- ☐ A certified copy of ___ Patent Application No. ___ filed ___ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
- ☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	22	-	20	**	2	LG=\$18 SM=\$9	\$ 36
INDEPENDENT CLAIMS FEE	5	-	5	---	0	LG=\$84 SM=\$42	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ [FEE]
						TOTAL	\$ 36

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$___ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- ☐ A check in the amount of \$___ to cover the extension fee is enclosed. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

Date: September 23, 2002

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US 094568730FP1



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